



Amitabh Mohan, Chief Editor

## PREFACE

Dear Readers,

In today's demanding education world, focus has shifted from promotion to learning; from students to teachers. We believe that any student is only as good as his teacher, and by empowering teachers, we empower the next generation. Two years back, HLS India being an authority in the field of psychology took up the responsibility to spread awareness about Psychological issues that affect educational needs and processes. We started our newsletter with an aim to help the teaching community to develop psychological sensitivity towards children. With the acceptance of inclusive education in our country, it is important that our teachers are well aware of the psychological concerns or disorders that the children may face during their development years. Our quarterly newsletter contains articles on important psychological and pedagogical issues which is read and enjoyed by teachers across the country.

In 'The HLS PsychoAnalyst' Pocketbook 2017, we have compiled some of our newsletters that specifically dealt with Psychological disorders affecting children. This pocketbook will serve as a simple guide for psychological disorders to anyone who wishes to gain an insight into the same. It will hugely help teachers as it also contains time-tested proven strategies to deal with children with disorders. We hope you enjoy reading this pocketbook as much we enjoy creating it for you. Enrich. Empower. Enjoy!

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# The HLS PsychoAnalyst

VOLUME - III , ISSUE - 4

October– December 2016

## Let Us Be “Inclusive”

'Ramesh 6 years who lives in Chennai went with his parents for admission into a school. The general school refused to give him admission because he had visual impairment. He went to a special school for admission. They too refused admission because of his visual impairment is partial!! Does that mean that Ramesh's future dream of education end here? To answer this question and give a ray of hope to Ramesh and all other children like him the Government of India is encouraging schools to admit children with or without disability. The purpose of education should be to ensure that all students gain access to knowledge, skills and information that will prepare them to contribute to communities and workplaces. For a long time, children with disabilities were educated in separate classes or in separate schools. People had got used to the idea that special education meant separate education. But research show that when children are educated together positive academic and social outcome takes place for all the children involved



and to fulfil that, the concept of inclusive education was developed. The philosophy behind inclusive education is to promote opportunities for children to participate, learn and have equal treatment, irrespective of their mental or physical abilities. Inclusive education is a system where children with and without disabilities participate and learn together in the same classroom. Inclusive education occurs when there is ongoing advocacy, planning, support and commitment.

Inclusive education strives to address the learning needs of children with special needs, with a particular focus on those who are subject to being isolated and excluded. Inclusion is about making sure that each and every student feels welcome and that their unique needs and learning styles are attended to and valued. According to the norms the special or exceptional children included in the inclusive education are Mentally Retarded, Visually Impaired, Physically Handicapped, have Hearing Impairment, and have Learning Disabilities.

Here are key findings about the benefits of inclusive education for special children and their families:

**Families' visions of a typical life for their children can come true.** All parents want their children to be accepted by their peers, have friends and lead “regular” lives. Inclusive settings can make this vision a reality for many children with disabilities.

**Children develop a positive understanding of themselves and others.** When children attend classes that reflect the similarities and differences of people in the real world, they learn to appreciate diversity. Respect and understanding grow when children of differing abilities and cultures play and learn together.

**Children learn important academic skills.** In inclusive classrooms, children with and without disabilities are expected to learn to read, write and do math. With higher expectations and good instruction children with disabilities learn academic skills.

## Let Us Be “Inclusive”

in which both kind students benefit. Recent research has helped in identifying three specific areas of mutual benefit for children with and without special needs who are friends with each other: (1) warm and caring companionship; (2) growth in social cognition and self-concept; and (3) the development of personal principles.



However, even when relationships remain at the level of ‘classmate’ or ‘familiar acquaintance’, versions of these same benefits have been reported in surveys of teachers and other research. Students without special needs grow in their commitment to their own moral and ethical principles and become advocates for their friends who have special needs. The development of strong personal principles will benefit students throughout their lives.

**Comfort Level With People Who Have Special Needs:** On surveys and in interviews, middle and high school students without special needs say they are less fearful of people who look different or behave differently because they’ve interacted with individuals with special needs. Parents notice the difference in their children, too. An interesting outcome is that these parents report that they too feel more comfortable with people with special needs because of their children’s experiences.

**Caring Classroom Environments:** Schools and classrooms can be structured to facilitate kindness, consideration, empathy, and compassion for others. Within a caring classroom environment, students have opportunities to learn about their classmates in ways that honour the full range of experiences that each child brings to the classroom.

### ROLE OF TEACHERS AND SPECIAL EDUCATORS IN INCLUSIVE EDUCATION

#### Curriculum Modification

Most teachers who teach in an inclusive classroom modify their curriculum to meet the needs of their special education students. Curriculum modifications can include the provision of an audio taped text, shortened assignments and summarized chapters of the textbook as well as tools such as graphic organizers and color coded chapters to enhance a student's level of comprehension.

#### Communication

It is important for inclusion teachers to advocate the needs of their special education students by ensuring that resources such as peer tutoring, instructional assistants, team teaching and staff development opportunities are available along with consistent policies that assess the individual student's progress. Teachers also should communicate regularly with the principal to make sure that she is aware of the specific learning needs of the special education students and the academic resources that are necessary for them to experience success in the inclusive classroom setting.

#### Classroom Environment

It is important for teachers to create a safe classroom environment that allows special-needs children to learn alongside their peers while experiencing positive socialization. Even though the focus of a special education teacher's job is to attend to the special needs students in the class, he/she is also responsible for helping the general education teacher manage the classroom. He/she also helps set the classroom rules and routines, working with the teacher to create a classroom climate that will benefit students with special needs. It is a special education teacher's job to be also aware of individual students' behavioural pattern and provide discipline accordingly.

In an ideal inclusion classroom, the special education teacher and regular education teacher engage in co-planning. They work together to design lesson plans to fit the needs of all students, with the special education teacher focusing on the needs of the special needs students. In some cases, however, the general education teacher plans the classroom lessons and the special education teacher adapts those lessons to meet the needs of his/her students. He/she may also use the lessons to develop review materials or plan one-on-one instruction with special needs students before or after the class.

## Let Us Be “Inclusive”

### Managing Behaviour

Although inclusive classrooms can promote positive peer interactions for special education students, behavioural issues can arise that may require a different disciplinary approach than that used with mainstream students. Teachers may need to consider a developmentally appropriate method for managing the behaviour of their special-needs students. Common approaches often include a system that allows a student to self regulate and manage his/her own behaviour, coupled with a reward system that reinforces the student's positive behaviours.

### Planning

In an ideal inclusion classroom, the special education teacher and regular education teacher engage in co-planning. They work together to design lesson plans to fit the needs of all students, with the special education teacher focusing on the needs of the special needs students. In some cases, however, the general education teacher plans the classroom lessons and the special education teacher adapts those lessons to meet the needs of his/her students. He/she may also use the lessons to develop review materials or plan one-on-one instruction with special needs students before or after the class.

### Instruction

The amount of actual instruction a special education teacher gives in an inclusion classroom can vary. In some inclusion classrooms, the two teachers can take turns presenting lessons. This may be done on a daily basis, with each teacher taking a portion of the lesson, or the special education teacher may teach the class one or two days a week. When not teaching the entire class, the special education teacher may sit beside the students and provide one-on-one help or additional instructions. To help students feel more included and as a part of the class, the special education teacher may not be in the inclusion classroom every day, unless a student's needs require it.



### Other Responsibilities

Special education teachers must regularly review and develop Individualized Education Plans — or IEPs — and hold meetings to discuss these plans with parents, administrators, counsellors and other individuals involved in the education of a child with special needs. They must regularly administer skills tests and other assessments to determine the progress of special needs students or to determine whether students who are not currently enrolled in a special education program need their services. It is the special education teacher's job to make sure that laws such as the Individuals with Disabilities in Education Act are precisely followed and correct any possible violations of the same.

Thus inclusion enhances learning for students, both with and without special needs. Students learn and use their learning differently; the goal is to provide all students with the instructions they need to succeed as learners and achieve high standards, alongside their friends and neighbours.

# Know Your Students With ADHD

Attention deficit and hyperactivity of a child is a common challenge that we all face every day. However, there is a fine line between a naturally active child and a child who is affected by hyperactivity disorder. Attention Deficit Hyperactivity Disorder (ADHD) tends to become noticeable early on in childhood, at around 2 or three years old, but because most kids are naturally prone to daydreaming, fidgety behaviour and a short attention span, ADHD is often not recognized until much later on in life.

## About ADHD

Attention-Deficit Hyperactivity Disorder is characterized primarily by problems of maintaining attention, excessive physical activity, and impulsivity. The symptoms associated with ADHD are :-

- Squirms
- Gets distracted
- Often doesn't bring the right materials to class
- Forgets to turn in homework
- Blurts out answers or talks too much to friends when you're talking
- Doesn't keep on track during seatwork time
- Doesn't seem to know how to stay focused on your instruction or how to finish work efficiently.



Of course, not every disorganized or distracted student has ADHD. It's a question to be investigated, especially if disorganization and distraction are affecting the student's academic performance or school behaviour.

The classroom environment can be a challenging place for a child with ADHD. The very tasks these students find the most difficult—sitting still, listening quietly, concentrating—are the ones they are required to do all day long. We need to understand that it is neurological deficits, not unwillingness that keep the kids with attention deficit disorder from learning in traditional ways. These children need to be dealt with lots of patience and understanding.

As a teacher, you can help your students cope with these deficits and meet the challenges school. You can provide the most effective support: equipping your students with learning strategies for the classroom and communications. With support at home and teaching strategies at work in the classroom, there is no reason why kids with ADHD can't flourish in school.

## Tips for Teachers for Handling ADHD



### Task duration

To accommodate student's short attention span, academic assignments should be brief and feedback regarding accuracy should be immediate. Longer projects should be broken up into manageable parts.

### Direct instruction

Attention to task is improved when the student with ADHD is engaged in teacher-directed as opposed to independent seat-work activities. Also, the teaching of note-taking strategies increases the benefits of direct instruction.



## Know Your Students With ADHD

note-taking strategies increases the benefits of direct instruction.

### Peer tutoring

Class-wide peer tutoring provides many of the instructional variables known to be important in setting up students with ADHD for success.

### Structure and organization

Lessons should be carefully structured and important points clearly identified. Students with ADHD perform better on memory tasks when material is meaningfully structured for them.

### Rule reminders and visual cues

The rules given to students with ADHD must be well defined, specific and frequently reinforced through visible modes of presentation.

### Auditory cues

Providing students with ADHD auditory cues that prompt appropriate classroom behaviour is helpful.

### Pacing of work

The intensity of problematic ADHD behaviours is less when work is self paced, as compared to situations where work is paced by others.

### Instructions

Because students with ADHD have difficulty following multi-step directions, it is important for instruction to be short, specific and direct. Teachers must be prepared to repeat directions frequently to ensure understanding.

### Productive physical movement

Provide tasks that require productive active responses, it may help hyperactive students channel their disruptive behaviours into constructive responses. While it may be problematic for these children to sit and listen to a long lecture, teachers might find that students with ADHD can be successful participants in the same lecture when asked to help (e.g., help with audio-visual aids, write important points on the chalk board, etc.).

### Distractions

As these students have difficulty paying attention to begin with, it is important that attractive alternatives to the task at hand be minimized. For example, mobiles, aquariums and terrariums should not be placed within the student's visual field.

### Novelty

Presentation of novel, interesting, highly motivating material will improve attention.

### Powerful external reinforcement

The contingencies or consequences used with ADHD students must be delivered more immediately and frequently than normal students. Additionally, the consequences used need to be more powerful and of a higher magnitude.

### Token economy systems

These systems typically involved giving students tokens (e.g., poker chips) when they display appropriate behaviour. These tokens are in turn ex-changed for tangible rewards or privileges at specified times.

### Response-cost programs

These programs provide mild punishment when problem behaviour is displayed. For example, a student may lose earned points or privileges when previously specified rules are broken.

As a teacher, you can provide the most effective support for guiding parents of these students with learning and managing strategies for home. With support at home and teaching strategies at classroom, there is no reason why kids with ADHD can't flourish in life.

### Teachers please advise parents to-

- Keep positive perspective toward your child by giving reward or praise for appropriate behavior.
- Follow a routine and use clocks and timers
- Simplify your child's schedule try to be organized and neat
- Involve the child in positive physical activity
- Take care of proper diet and sleep.

# How To Deal With ODD

All children are oppositional from time to time, particularly when tired, hungry, stressed or upset. They may argue, talk back, disobey, and defy parents, teachers, and other adults. Oppositional behavior is often a normal part of development for two to three year olds and early adolescents. However, openly uncooperative and hostile behavior becomes a serious concern when it is so frequent and consistent that it stands out when compared with other children of the same age and developmental level and when it affects the child's social, family and academic life. With oppositional and defiant kids, there are very different levels of misbehavior. You may come across young child who's having temper tantrums, or an older adolescent who's exhibited ODD behavior

for years and who feels justified in being verbally or physically abusive, or punching holes in the kitchen wall. A common trait of kids with Oppositional Defiant Disorder is that they often see themselves as victims and feel justified in acting out.



## About ODD

In children with **Oppositional Defiant Disorder (ODD)**, there is an ongoing pattern of uncooperative, defiant, and hostile behavior toward authority figures that seriously interferes with the youngster's day to day functioning. Symptoms of ODD may include:

- Frequent temper tantrums
- Excessive arguing with adults
- Often questioning rules
- Active defiance and refusal to comply with adult requests and rules
- Deliberate attempts to annoy or upset people
- Blaming others for his or her mistakes or misbehavior
- Often being touchy or easily annoyed by others
- Frequent anger and resentment
- Mean and hateful talking when upset
- Spiteful attitude and revenge seeking

The symptoms are usually seen in multiple settings, but may be more noticeable at home or at school. One to sixteen percent of all school-age children and adolescents have ODD. The causes of ODD are unknown, but many parents report that their child with ODD was more rigid and demanding than the child's siblings from an early age. Biological, psychological and social factors may have a role.

## Tips to deal with ODD Students

Many teachers are "pulling their hair out" wondering if they will survive another day with a student with Oppositional Defiant Disorder (ODD). These students can be confrontational, disruptive, vindictive, and irritate the nerves of teachers who already encounter numerous challenges in the classroom.

The most important point to remember is that the basic drive of a student with ODD is to resist control and manipulation from any adult. The more controlling an adult appears to be, the more oppositional the student becomes. Therefore, developing a behavior plan that considers these points will de-escalate the problem behaviors. Another point to remember is that these students need structure: rules, laws, rewards, punishment, love, guidance, and a sense of safety.

## How To Deal With ODD

A structured environment may be visualized as a corral that encircles the student, reminding him or her on an on- going basis of acceptable behavior limits. The boundaries can be extended in time, but the gate should not be opened to total freedom without supervision until the student is ready.

Following are suggestions to assist teachers and parents in dealing with students who demonstrate oppositional defiant behaviors..

1. Don't threaten unless you are willing to carry the threats out. Threatening students with ODD allows them to test your ability to follow through.
2. Use indirect reinforcement. To avoid public praise but still encourage the student for desired responses, the following techniques may be useful:

**Whisper.** Brief whispered encouragement without sustained eye contact allows a positive response. Comment on the product rather than your feelings about it. **Leave notes.**

Leave a brief message in a note on students' desks, mail it to them, or hand it to them as they leave the room. **Provide rewards.** Concrete reinforcements can be used so long as you place stickers or marks on a chart without verbal comment. Give rewards without fanfare simply by placing them in their desks, or give them a note that tells them what they have earned. Avoid using response cost, a method that involves subtracting points or taking away rewards. This can backfire because students with this condition may view this as proof that they are not complying with what you want.



3. Avoid arguing. Arguing can reinforce their oppositional position. Enforce the consequence and let it go.
4. Provide choices. By giving the student limited choices, the student retains a sense of control. If the student refuses to make a choice, you will need to make sure the consequence is clear.
5. Anticipate problems. Prepare the student for difficult times or activities. By saying that you know this might be difficult, students can be placed in a double bind. This paradoxical approach may encourage them to prove it will not be difficult.
6. Allow students to release anger. Physical activity can help students dispel anger in a manageable way. Sports, working with clay, or even punching a pillow or tearing up an old magazine can be acceptable ways to release anger. Avoid emphasizing involvement in competitive sports until students have adequate control of their anger.
7. Outline consequences. Having oppositional-defiant disorders does not excuse these students from taking responsibility for their behaviors. Provide students with a specific list of behaviors and consequences and enforce them consistently.
8. The use of mild punishments. Reprimands, time-out, and response-cost behavioral programs, such as loss of points or privileges, should be used appropriately. But an overuse of these procedures indicates that the overall behavioral program is not working.
9. The posting of clear and specific classroom rules. Rules should be approved by the school administration, posted in an easily visible spot, and reviewed regularly. Classroom rules should also be sent home to parents.

Although students with ODD can challenge teachers and parents, they can be our leaders of tomorrow. If directed in a positive manner, they are able to take control of a situation and make things happen. By building on the students' strengths and allowing them to achieve success, students with ODD will feel good about their capabilities and become productive members of society.

# Dealing with Dyslexia



**Dyslexia** or developmental reading disorder is characterized by the difficulty with learning to read fluently and with accurate comprehension despite normal or above-average intelligence. This includes difficulty with phonological awareness, phonological decoding, processing speed, orthographic coding, auditory short-term memory, language skills/verbal comprehension, and/or rapid naming. Dyslexic children of school age can have various symptoms. The symptoms may include difficulty in identifying or generating rhyming words, or counting syllables in words (phonological awareness), difficulty segmenting words into individual sounds, or blending sounds to make words, difficulty with word retrieval

or naming problems (see anomic aphasia), commonly very poor spelling, which has been called dysorthographia or dysgraphia (orthographic coding), whole-word guesses, and tendencies to omit or add letters or words when writing and reading are considered tell-tale signs.

A common misconception about dyslexia assumes that all dyslexic readers write words backwards or move letters around when reading. In fact, this only occurs in a very small population of dyslexic readers. Individuals with dyslexia are better identified by measuring reading accuracy, fluency, and writing skills and trying to match these measurements to their level of intelligence as determined from prior observations.

## What are the Warning Signs of Dyslexia?

If someone displays troubles in the following, it doesn't necessarily mean that individual has a learning disability. But if troubles continue over time, consider testing for dyslexia.

### Young Children

- Recognizing letters, matching letters to sounds and blending sounds into speech
- Pronouncing words, for example saying "mawn lower" instead of "lawn mower"
- Learning and correctly using new vocabulary words
- Learning the alphabet, numbers, and days of the week or similar common word sequences
- Rhyming

### School-Age Children

- Mastering the rules of spelling
- Remembering facts and numbers
- Handwriting or with gripping a pencil
- Learning and understanding new skills
- Reading and spelling, such as reversing letters (d, b) or moving letters around (left, felt)
- Following a sequence of directions
- Understanding word problems in math

### Teenagers and Adults

- Reading at the expected level
- Understanding non-literal language, such as idioms, jokes, or proverbs
- Reading aloud
- Organizing and managing time
- Summarizing a story
- Learning a foreign language
- Memorizing

## Tips for Teachers for Handling Dyslexia

### In the class:

Of value to all children in the class is an outline of what is going to be taught in the lesson, ending the lesson with a resume of what has been taught. In this way information is more likely to go from short term memory to long term memory.

When homework is set, it is important to check that the child correctly writes down exactly what is required. Try to ensure that the appropriate worksheets and books are with the child to take home.



## Dealing with Dyslexia

Encourage good organizational skills by the use of folders and dividers to keep work easily accessible and in an orderly fashion.

Break tasks down into small easily remembered pieces of information.

Seat the child fairly near the class teacher so that the teacher is available to help if necessary, or s/he can be supported by a well-motivated and sympathetic classmate.

### **Copying from the blackboard:**

Use different colour chalks for each line if there is a lot of written information on the board, or underline every second line with a different coloured chalk.

Ensure that the writing is well spaced.

Leave the writing on the blackboard long enough to ensure the child doesn't rush, or that the work is not erased from the board before the child has finished copying.

### **Reading:**

A structured reading scheme that involves repetition and introduces new words slowly is extremely important. This allows the child to develop confidence and self esteem when reading.

Don't ask pupils to read a book at a level beyond their current skills, this will instantly demotivate them. Motivation is far better when demands are not too high, and the child can actually enjoy the book. If s/he has to labour over every word s/he will forget the meaning of what s/he is reading. Save the dyslexic child the ordeal of having to 'read aloud in class'. Reserve this for a quiet time with the class teacher. Alternatively, perhaps give the child advanced time to read pre-selected reading material, to be practiced at home the day before. This will help ensure that the child is seen to be able to read out loud, along with other children

Real books should also be available for paired reading with an adult, which will often generate enthusiasm for books. Story tapes can be of great benefit for the enjoyment and enhancement of vocabulary. No child should be denied the pleasure of gaining access to the meaning of print even if he cannot decode it fully.

### **Spelling:**

If there are one or two dyslexics in the class, a short list of structure-based words for their weekly spelling test, will be far more helpful than random words. Three or four irregular words can be included each week, eventually this should be seen to improve their free-writing skills.

Spelling mistakes pinpointed should be those appropriate to the child's level of spelling. Marking should be done in pencil and have positive comments.

### **Math:**

Whilst some dyslexic students are good at math, it has been estimated that around 90% of dyslexic children have problems in at least some areas of math.

The value of learning the skills of estimation cannot be too strongly stressed for the dyslexic child. Use and encourage the use of estimation. The child should be taught to form the habit of checking her/his answers against the question when s/he has finished the calculation, i.e. is the answer possible, sensible or ludicrous?

When using mental arithmetic allow the dyslexic child to jot down the key number and the appropriate mathematical sign from the question.

Encourage pupils to verbalize and to talk their way through each step of the problem.

Put key words on a card index system or on the inside cover of the pupils math book so it can be used for reference and revision.

Put the decimal point in red ink. It helps visual perception with the dyslexic child.



## Dealing with Dyslexia



### **Handwriting:**

Encourage the children to study their writing and be self-critical. Get them to decide for themselves where faults lie and what improvements can be made, so that no resentment is built up at yet another person complaining about their written work.

Make sure a small reference chart is available to serve as a constant reminder for the cursive script in upper and lower case.

If handwriting practice is needed it is essential to use words that present no problem to the dyslexic child in terms of meaning or spelling.

### **Marking of work:**

Credit for effort as well as achievement are both essential. This gives the pupil a better chance of getting a balanced mark. Creative writing should be marked on context.

Try not to use red pens to mark the dyslexic child's work. There's nothing more disheartening for the child than to have work returned covered in red ink, when they've inevitably tried harder than their peers to produce the work.

### **Homework:**

In allocating homework and exercises that may be a little different or less demanding, it is important to use tact. Self-esteem is rapidly undermined if a teacher is underlining the differences between those with difficulties and their peers. However, it should also be remembered that far more effort may be needed for a dyslexic child to complete the assignment than for their peers.

Set a limit on time spent on homework, as often a dyslexic child will take a lot longer to produce the same work that another child with good literacy skills may produce easily.

In order to be able to teach, as far as possible, according to each child's educational needs, it is essential to see him or her as a whole person, complete with individual strengths and weaknesses. We also need to keep in mind that Dyslexics have many strengths: oral skills, comprehension, good visual spatial awareness/artistic abilities. More and more dyslexic children could become talented and gifted members of our schools if we worked not only with their specific areas of difficulty, but also their specific areas of strengths from an early age. To do this we have to let go of outmoded viewpoints that a dyslexic child must first fail, in order to be identified.

# Awareness About Anxiety



"I do not want to go to school!" or May be in class when a question is asked bursting into tears, or "I am having tummy-ache"- these are age-old complaints from children. But now a days research suggests that this protest can signal a deeper problem. Though it is normal for children to feel worried or anxious from time to time, such as when they are starting nursery school, or having examination. But some time this anxiety can prevent child from making friends, raising a hand in class, or participating in school or social activities accompanying with feelings of being ashamed, afraid, and alone. This is when we may need professional help to tackle it before it becomes a more serious issue.

## Signs of Anxiety in Children

- Child can feel scared, panicky, embarrassed or ashamed.
- Child may find it hard to concentrate.
- Child may not sleep in the night because of bad dreams.
- Child may not eat properly.
- Child may quickly get angry or irritable, and become out of control during outbursts.
- Child may constantly worry or have negative thoughts.
- Child may feel tense and fidgety, or using the toilet often.
- Child may always cry.
- Child may be clingy all the time (when other children are ok).
- Child may complain of tummy aches and feeling unwell.

## Different Types of Anxiety Disorder in Children

The reason for the anxiety (if there is one) will differ depending on the age of the child. Separation anxiety is common in younger children, whereas older children and teenagers tend to worry more about school performance, relationships or health.

### Generalized anxiety disorder (GAD)

If the child has generalized anxiety disorder, or GAD, he or she will worry excessively about a variety of things, which may include issues such as-Family problems, Relationships with peers, Health, Grades, Performance in sports, Punctuality. Children with GAD strive for perfection. These children may also seek constant approval or reassurance from others.

### Obsessive-Compulsive Disorder (OCD)

OCD is characterized by unwanted and intrusive thoughts (obsessions) and feeling compelled to repeatedly perform rituals and routines (compulsions) to try to ease anxiety. Most children with OCD are diagnosed around age 10, although the disorder can strike children as young as two or three. Boys are more likely to develop OCD before puberty, while girls tend to develop it during adolescence.

### Generalized Anxiety Symptoms:

- Fatigue or an inability to sleep
- Restlessness
- Difficulty concentrating
- Irritability

## Awareness About Anxiety

### Obsessions Symptoms

- Constant, irrational worry about dirt, germs, or contamination
- Excessive concern with order, arrangement, or symmetry
- Fear of harm or danger to a loved one or self
- Religious rules or rituals
- Fear of losing something valuable

### Compulsions Symptoms

- Washing and rewashing hands to avoid exposure to germs
- Checking and re-checking objects, information, or situations
- Repeating a name, phrase, tune, activity, or prayer
- Counting objects such as steps
- Seeking reassurance or doing things until they seem just right

### Panic Disorder:

Panic disorder is diagnosed if the child suffers at least two unexpected panic or anxiety attacks—which means they come on suddenly and for no reason—followed by at least one month of concern over having another attack, losing control, or “going crazy.” Agoraphobia (Social Phobia) can develop when children begin to avoid situations and places in which they had a previous panic attack or fear they would be unable to escape if experiencing an attack. Refusing to go to school is the most common manifestation of agoraphobia in kids.

### Panic Attack Symptoms

- Feeling of imminent danger or doom
- The need to escape
- Rapid heartbeat, Sweating, Trembling
- Shortness of breath or Feeling of choking
- Chest pain or discomfort
- Nausea or abdominal discomfort
- Dizziness or lightheadedness
- Fear of losing control or “going crazy”

### Social Anxiety Symptoms

- Hesitance, passivity, and discomfort in the spotlight
- Avoiding or refusing to initiate conversations, invite friends to get together, order food in restaurants, or call, text, or e-mail peers
- Frequently avoiding eye contact with adults or peers
- Speaking very softly or mumbling
- Appearing isolated or on the fringes of the group
- Sitting alone in the library or cafeteria, or hanging back from a group in team meetings
- Overly concerned with negative evaluation, humiliation, or embarrassment
- Difficulty with public speaking, reading aloud, or being called on in class

### Social Anxiety Disorder:

Social anxiety disorder, or social phobia, is characterized by an intense fear of social and performance situations and activities. This can significantly impair your child’s school performance and attendance, as well as the ability to socialize with peers and develop and maintain relationships.

### Separation Anxiety Disorder:

When separation anxiety disorder occurs, a child experiences excessive anxiety away from home or when separated from parents or caregivers. Extreme homesickness and feelings of misery at not being with loved ones are common. Other symptoms include refusing to go to school, camp, or a sleepover, and demanding that someone stay with them at bedtime. Children with separation anxiety commonly worry about bad things happening to

their parents or caregivers or may have a vague sense of something terrible occurring while they are apart.

### Selective Mutism:

Children who refuse to speak in situations where talking is expected or necessary, to the extent that their refusal interferes with school and making friends, may suffer from selective mutism. Children suffering from selective mutism may stand motionless and expressionless, turn their heads, chew hair, avoid eye contact, or withdraw into a corner to avoid talking. The average age of diagnosis is between four and eight years old, or around the time a child enters school.



## Awareness About Anxiety

### Specific Phobias:

A specific phobia is the intense, irrational fear of a specific object, such as animals, storms, heights, water, blood, the dark, and medical procedures. Fears are common in childhood and often go away. A phobia is diagnosed if the fear persists for at least six months and interferes with a child's daily routine, such as refusing to play outdoors for fear of encountering a dog. Children will avoid situations or things that they fear or endure them with anxious feelings, which may show up as crying, tantrums, clinging, avoidance, headaches, and stomachaches.

### Posttraumatic Stress Disorder (PTSD)

Children with posttraumatic stress disorder, or PTSD, may have intense fear and anxiety; become emotionally numb or easily irritable; or avoid places, people, or activities after experiencing or witnessing a traumatic or life-threatening event. These events can include a serious accident, violent assault, physical abuse, or a natural disaster.

As caregiver or teacher, we need to keep it in mind that they may not always share these worries with us, and instead complain of tummy aches or feeling sick. One of the signs is crying or seeming tired in the morning. We need to keep ourselves alert and informed as this may be a problem that needs tackling if it is significantly affecting their daily life .



## Tackling Anxiety In Class

As teacher we must have experience some cases of students anxiety related issues. In such situations it is the teachers responsibility to look after that case and consult with the school counselor. Here we like to share some tips for handling anxious students in class room situation.

**Seating within Classroom** Anxious children often struggle with the unlikely fear that they will get in trouble from classmates. For them seating away from more boisterous classmates will be less distracting, and may help them focus on their work.

**Class Participation** Fears of getting the answer wrong, saying something embarrassing, or simply having other kids look at them may be concerns for an anxious child. Determine the child's comfort with either closed ended questions (requiring a yes or no) or with opinion questions, start with whichever is easiest. Use a signal to let the child know that his turn is coming. Provide opportunities for the child to share knowledge on topics in which he or she is most confident.

**Class Presentations** Children with extreme social anxiety may have difficulty with oral reports. Consider having the child present to the teacher alone.

**Answering Questions at The Board** For children with social anxiety, the combination of getting the answer wrong, and being visible to the whole class may be so overwhelming that they may opt to avoid school altogether. Consider having the child exempt from going up to the board until they are ready to handle that challenge, or, begin to approach that situation by eliminating the risk of being wrong, by simply asking the child to write the date on the board.

**Lunchroom/Recess/Unstructured Activities** Free choice times can be a welcomed and necessary break from the pressures of school, but fears of rejection in the cafeteria or on the playground can take the fun out of free time. Bridge the gap socially by creating ties between small groups of children. A lunch bunch with two or three children can create a shared experience which kids can then draw on later. When working in pairs or small groups, don't always have children choose the groupings themselves, alternate this with a "counting off" technique or drawing straws to allow variability

## Awareness About Anxiety



**Safe Person** Having one person at school who understands the child's worries and anxieties can make the difference between a child attending school and staying home. A guidance counselor, principal, nurse, or teacher can be identified as a point person for the child to check in with briefly (5-10 minutes) to help dispel worry thoughts, take deep breaths and return to class.

**Cool Down Pass** Pressures build for anxious children, being able to leave the situation briefly to get a drink of water or wash their face can allow them to clear their heads and return to class on a less anxious track. Since

anxious children may be hesitant to ask for this and risk being the center of attention, use an orange card which the child simply places on his desk, or the teachers desk, which signals they are out on break.

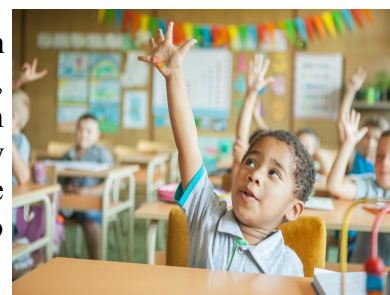
**Assemblies/Large Group Activities** Some children become anxious in crowds, until a child has mastered the auditorium, allow them to sit where they feel most comfortable (e.g., at the end of the row in the back of the auditorium), see if they can gradually rejoin their class.

**Return After Illness** Ever responsible, anxious kids may be very distressed about work they have missed while they were out. Assign a responsible buddy to copy notes and share handouts. If tests are given the day of the child's return, give them the option to take the test at another time and use the test-time to make up any other missing work.

**Field Trips** Compounding the daily stress of the anxious child, field trips include the factors of being away from home and parents, and a change in routine. Accommodate the child's level of readiness so that he or she can participate as fully as possible. Consider having the child in the "teachers's group," or having parents accompany the group until the child is ready to handle an excursion without these supports in place.

**Change in Routine/Substitute Teachers** Because anxious children try very hard to please and predict what is required in a situation, changes of any sort may be experienced as very stressful. When possible, send a note home the day before to alert the child/family to a change in routine, this will allow the child to process the change in his or her comfort zone and will make the transitions go more smoothly the next day.

**Homework Expectations** If children are spending inordinate amounts of time on homework because of OCD redoing, rechecking, rereading, or simply worrying that the assignment was not done thoroughly enough, the teacher can set a reasonable amount of time for homework and then reduce the homework load to fit into that time frame. Teachers can also provide time estimates for each assignment, so that the anxious child can attempt to stay within 10% of the estimated time. Eliminate repetition by having the child do every other math question, reduce reading and writing assignments, consider books on tape if a child is unable to read without repetition.



# Revealing Secrets of Mental Retardation

Is the child not able to cope up with study? Does the child have difficulty to communicate? Does the child like to be in isolation? Many of these are evident for children having a deficit physically or mentally. People with intellectual disabilities are often not seen as full citizens of society. Intellectual disability (ID), also called intellectual developmental disability (IDD), general learning disability, or mental retardation (MR), is a generalized neuro-developmental disorder characterized by significantly impaired intellectual and adaptive functioning. Mental retardation (MR) is a condition diagnosed before age 18, usually in infancy or prior to birth, that includes below-average general intellectual function, and a lack of the skills necessary for daily living. Intelligence level as determined by individual standard assessment is below 70, and the ability to adapt to the demands of normal life is impaired. The American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, (DSM-5)*, characterizes intellectual disability (intellectual developmental disorder) by deficits in general mental abilities, such as reasoning, problem solving, planning, abstract thinking, judgment, academic learning, and learning from experience. The deficits result in impairments to adaptive functioning, such that the individual fails to meet standards of personal independence and social responsibility in one or more aspects of daily life, including communication, social participation, academic or occupational functioning and personal independence at home or in community settings.



## RECOGNISING MENTALLY RETARDED (MR) CHILDREN

The **signs and symptoms** of intellectual disability are all behavioural. Most people with intellectual disability do not look like they are afflicted with such, especially if the disability is caused by environmental factors such as malnutrition or lead poisoning



Children with intellectual disability may learn to sit up, to crawl, or to walk later than other children, or they may learn to talk later. Both adults and children with intellectual disability may also exhibit some or all of the following characteristics:

- Delays in oral language development
- Deficits in memory skills
- Difficulty learning social rules
- Difficulty with problem solving skills
- Delays in the development of adaptive behaviours such as self-help or self-care skills.
- Lack of social inhibitors.

## Revealing Secrets of Mental Retardation

### POSSIBLE CAUSES OF MR

The causes of MR can be grouped from most to least common as follows: Alterations in embryonic development, such as those caused by chromosomal abnormalities (like Down Syndrome, Fragile X syndrome, Trisomy X syndrome) or fetal exposure to drugs or toxins. Environmental deprivation (like low socio economic status, cultural deprivation, inadequate caretakers) and other mental disorders, such as autism. Problems of pregnancy, prenatal period (like infection, endocrine disorder, placental dysfunction) and the prenatal period, such as fetal malnutrition, birth asphyxia, prematurity hypoxia, infection, trauma, or prematurity. Hereditary abnormalities, such as inborn errors of metabolism (like Phenylketoneuria, Galactosemia) or chromosomal aberrations. Medical conditions of infancy or childhood, such as central nervous system (CNS) infection or trauma, or lead poisoning.

### CLASSIFYING MR

#### **IQ CLASSIFICATION as per DSM-IV, 4<sup>th</sup> Edition, APA, 1994**

Borderline Intellectual Functioning	IQ 71-84
Mild Mental Retardation	IQ 50-55 to approximately 70
Moderate Retardation	IQ 35-40 to 50-55
Severe Mental Retardation	IQ 20-25 to 35-40
Profound Mental Retardation	IQ below 20 or 25

In the society while dealing with mentally retarded individuals we should avoid stereotyping them as “eternal children”. Children with mental retardation should be treated and spoken to in the same fashion as other children. Even many children with mental retardation can read and write, do not assume that a child with mental retardation lacks academic skills. Provide opportunities for children with limited academic skills to contribute verbally, and take what they have to say seriously. Children with mental retardation can understand directions with patient. Use clear language that is concise and to the point. Speak directly to the person with mental retardation. Also, allow individual to communicate his/her requirements .

## Mentoring Mentally Retarded

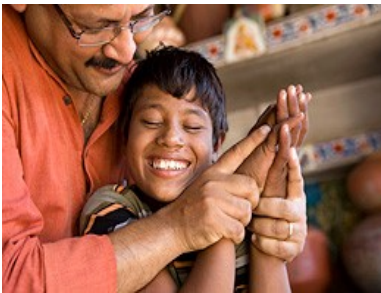
Avoid the term "mental retardation." If you need to speak about a person's disability, people with mental retardation prefer the term "developmental disability" rather than "mental retardation."

As parents or teachers, the task of educating a mentally challenged child can be daunting. You may face frustrating moments in which you feel you are “getting nowhere”. It is important to know and understand a child's disability and learn to work within its confines, rather than expecting the disability to go away. Learning a child's strengths and helping her compensate for weaknesses will play an important role in fostering success.

Prepare your self- Learn as much as you can about mental retardation. Find out what the student's strengths and interests are, and emphasize them. Prepare a list for students educational goals as well as the service and classroom accommodations he or she is to receive. Talk to specialists in your school (e.g., special educators, counselor ), if necessary.



## Revealing Secrets of Mental Retardation



Use visual aids– Lengthy verbal instruction and lectures have limited appeal for almost all students, and are particularly ineffective in teaching a mentally challenged child. advises incorporating plenty of visual stimuli, such as charts, drawings and models. You can also use charts to track a child's educational or behavioral progress. Be as concrete as possible. Demonstrate what you mean rather than just giving verbal directions. Rather than just relating new information verbally, show a picture.

Use hands-on demonstrations- Mentally challenged children may have difficulty in grasping abstract concepts, so it's best to find ways to engage them in a sensory way. For example, explaining gravity verbally to a mentally challenged child will likely be confusing; instead, give him a book and let him drop it. This type of firsthand, visceral understanding is more likely to be retained.

Use flexibility with tasks or assignments- For example, if you are helping your child with homework and she's struggling, do not become mired in the details. Recommend determining what skill your child is meant to demonstrate with the assignment and adapting the assignment based on her abilities. Learn to work with your child's unique strengths to accomplish tasks, even if your methods are unorthodox.

Teach the student life skills- Such as daily living, social skills, and occupational awareness and exploration, as appropriate. Involve the student in group activities or clubs.

Demonstrate the steps- Break information or tasks down into smaller parts. Mentally challenged children can become overwhelmed if too much information is presented to them all at once. Have the student do the steps, one at a time. Provide assistance, as necessary. Give the student immediate feedback. Once the child masters or completes one step, you can move on to the next.

Set your expectations in accordance with the child's disability- For example, a child with a mild mental disability could be taught to use a recipe, whereas a moderately challenged child might be taught to make a grocery list. A severely disabled child might simply be taught to communicate hunger.

Playful Teaching- Create a play way teaching environment for mentally retarded children. To play with these children is better than just teaching them A,B,C or 1,2,3 because your duty is to bring their brain in balance form.

Use behavior modification techniques- Many of retarded children act out inappropriately or engage in unacceptable behaviors simply because they know they are different and can get away with it. It's important to ignore these behaviors and to reward appropriate behavior with praise and extra privileges.

Motivate mentally retarded children by providing them free gift of books, copies and all necessary things. Mentally retarded children learn from your motivation faster than any normal children.

### **Dealing with Specific defects in Mentally Retarded Students**

- a) Delays in oral language development  
Try to more practice them to speak oral language.
- b) Deficits in memory skills  
Try to use my remembering tips.
- c) Difficulty learning social rules  
Try to repeat again.
- d) Difficulty with problem solving skills  
Try to give simplest problem and simplest solution
- e) Lack of social inhibitors  
Try to keep your behavior always positive and its effect will definitely be positive on mentally retarded children.

# Understanding Autism



Autism is a lifelong disability that affects the way a person communicates and relates to people around them. Children with autism have difficulty relating to others in a meaningful way. Their ability to develop friendship is generally limited as is their capacity to understand other people's emotional expression.

Some children may have an accompanying learning disability, a specific learning difficulty or an additional developmental disorder. All children with autism have impairments in social interaction, social communication and imagination. This is known as the 'triad of impairments'.

Dr. Leo Kanner first identified autism in 1943 in his publication entitled "Autistic Disturbance of Affective Disorder." Autism spectrum disorder (ASD) and autism are both general terms for a group of complex disorders of brain development.

## **Characteristics of Autism Spectrum Disorder (ASD)**

- Persistent deficits in social communication and social interaction across multiple contexts;
- Restricted, repetitive patterns of behaviour, interests, or activities;
- Symptoms must be present in the early developmental period (typically recognized in the first two years of life); and,
- Symptoms cause clinically significant impairment in social, occupational, or other important areas of current functioning.

The term "**spectrum**" refers to the wide range of symptoms, skills, and levels of impairment or disability that children with ASD can have. Some children are mildly impaired by their symptoms, while others are severely disabled. Until recently, the types of ASD have been determined by guidelines in the diagnostic manual (DSM - IV) of the American Psychiatric Association. According to the Centers for Disease Control and Prevention (CDC), the three main types of ASD are:

**Asperger's syndrome:** It is a type of pervasive developmental disorder (PDD). PDDs are a group of conditions that involve delays in the development of many basic skills, most notably the ability to socialize with others, and to use imagination.

**Pervasive developmental disorder, not otherwise specified (PDD-NOS):** It indicates that the individual has many of the signs of autism while not meeting the criteria of Rett, Childhood Disintegrative Disorder, classical autism, or Asperger's. The symptoms are pronounced enough to interfere with the person's ability to function normally on a daily basis.

**Autistic disorder:** This developmental disorder, which is characterized by communication and social challenges and unusual behaviours.

The DSM -IV also included two rare but severe autistic-like conditions – **Rett syndrome** which is a neurological condition classified in the autism spectrum disorders and **childhood disintegrative disorder (CDD)** which is a disorder that manifests in children ages 2 through 4, who begin to demonstrate severe loss of previously gained communications, language and social skills after years of normal development.

## **Help The Child-Accept The Child**

Because autism symptoms and behaviours often change over time, treatment strategies are tailored to the child's needs and available family resources. In general, however, children with autism respond best to highly structured and specialized treatment. A program that addresses helping parents and improving communication, social, behavioural, adaptive, and learning aspects of a child's life will be most successful.

**Teach Others About Autism:** Training family members as well as others in the in the school about autism and how to effectively manage the symptoms has been shown to reduce stress and improve the functioning of the child with autism. Talking openly with these families can give you new insight and better ways of coping.

## Understanding Autism

**Reduce the pace:** Speak with child in an unhurried way, pausing frequently. Wait a few seconds after child finishes before you begin to speak.

**Complete attention:** Try to increase those times that you give child your undivided attention and are really listening.

**Asking questions:** Asking questions is a normal part of life – but try to resist asking one after the other.

**Taking turns:** Help others take turns talking and listening. Children find it much easier to talk when there are fewer interruptions.

**Special times:** Set aside a few minutes at a regular time each day when you can give your undivided attention to your child.

**Behavioural management:** Use positive reinforcements to improve behaviour.

Manage children's behaviour in a constructive way. Know the child's strengths and weaknesses. Develop knowledge, skill and confidence (using descriptive praise).

**Practice makes perfect:** Use 50 repetitions to learn to use the pronouns 'he' or 'she' correctly if needed.

**Give easy instructions:** He won't necessarily remember the instructions you give him. But if you his name and take a minute to repeat the instructions, he'll understand the task.

**Be an advocate, not an agitator.** It doesn't work to go in demanding "We want this, we want that". What works is being prepared to discuss goals your child can attain.

Autism appears to be occurring more frequently than was the case in the past. The prevalence (rate of occurrence) of autism has risen from five in every ten-thousand in the mid 1990's to one in every one-hundred and sixty-six in 2005. Given the situation, as educators it is our responsibility not just to be aware of the Autistic Spectrum Disorder but also to make efforts to bring about an awareness in the society about the needs of these children. Keeping this in mind, we are here to make a small effort towards this endeavour.



## MANAGING AUTISTIC CHILDREN

In the modern era of inclusive education it is important for all teachers to know how to manage mentally challenged children among which one of the most common challenge is Autism.

Here are some suggestions that we would like to share with the teachers which are commonly used in the classrooms with success.

1. Use Task Analysis – very specific, tasks in sequential order.
2. Always keep your language simple and concrete. Get your point across in as few words as possible.
3. Teach specific social rules/skills, such as turn-taking and social distance.
4. Give fewer choices. If a child is asked to pick a color, say red, only give him two to three choices to pick from. The more choices, the more confused an autistic child will become.
5. If you ask a question or give an instruction and are greeted with a blank stare, reword your sentence. Asking a student what you just said helps clarify that you have been understood.
6. Avoid using idioms. "Put your thinking caps on", "Open your ears" and "Zipper your lips" will leave a student completely mystified and wondering how to do that.
7. Give very clear choices and try not to leave choices open ended. You're bound to get a better result by asking "Do you want to read or draw?" than by asking "What do you want to do now?"
8. Repeat instructions and checking understanding. Using short sentences to ensure clarity of instructions.

# Understanding Autism

9. Providing a very clear structure and a set daily routine .
10. Teaching what “finished” means and helping the student to identify when something has finished and something different has started. Take a photo of what you want the finished product to look like and show the student. If you want the room cleaned up, take a picture of how you want it to look some time when it is clean. The students can use this for a reference.
11. Providing warning of any impending change of routine, or switch of activity.
12. Addressing the pupil individually at all times (for example, the pupil may not realize that an instruction given to the whole class also includes him/her. Calling the pupil’s name and saying “I need you to listen to this as this is something for you to do” can sometimes work; other times the pupil will need to be addressed individually).
13. Using various means of presentation – visual, physical guidance, peer modeling, etc.
14. Not taking apparently rude or aggressive behavior personally; and recognizing that the target for the pupil’s anger may be unrelated to the source of that anger.
15. Avoid overstimulation. Minimizing/removal of distracters, or providing access to an individual work area or booth, when a task involving concentration is set. Colorful wall displays can be distracting for some pupils, others may find noise very difficult to cope with.
16. Seeking to link work to the pupil’s particular interests.
17. Exploring word-processing, and computer-based learning for literacy.
18. Protecting the pupil from teasing at free times, and providing peers with some awareness of his/her particular needs.
19. Allowing the pupil to avoid certain activities (such as sports and games) which s/he may not understand or like; and supporting the pupil in open-ended and group tasks.
20. Allowing some access to obsessive behavior as a reward for positive efforts.

**Dreamers are Believers**  
**Believers are Achievers**

Amitabh Mohan



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